



IFW

PATENT

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Date February 28, 2006 Ayesha J. Shaikh

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 10/620,782

Confirmation No. : 1121

Applicants : Dirk J. Sundt, William A. Polinsky, Mark A. Bossler, Gabriel G. Videla and  
Chris L. Inman

Filed : July 15, 2003

Attorney Docket No. : 501085.02

Art Unit : 2811

Customer No. : 27,076

Examiner : Steven Loke

Title : STRUCTURE AND METHOD FOR FORMING A FACETED OPENING AND LAYER  
FILLING THEREIN

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Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

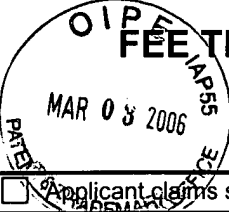
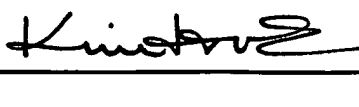
RESPONSE UNDER 37 C.F.R. § 1.111

Sir:

Please amend the above-captioned patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on  
page 2 of this paper.

Remarks begin on page 5 of this paper.

| Effective on 12/08/04<br><br><div style="text-align: center;">  <p><b>FEE TRANSMITTAL SHEET<br/>(FY 2005)</b></p> </div>   |                      | <div style="text-align: right;"><b>Complete if Known</b></div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Application No.</td><td>10/620,782</td></tr> <tr><td>Filing Date</td><td>July 15, 2003</td></tr> <tr><td>First Inventor</td><td>Dirk J. Sundt</td></tr> <tr><td>Group Art Unit</td><td>2811</td></tr> <tr><td>Examiner Name</td><td>Steven Loke</td></tr> <tr><td>Atty. Docket Number</td><td>501085.02</td></tr> </table>   |            | Application No.  | 10/620,782       | Filing Date     | July 15, 2003 | First Inventor | Dirk J. Sundt | Group Art Unit   | 2811 | Examiner Name | Steven Loke | Atty. Docket Number                                | 501085.02 |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
|--|----------------------|---|------------|------------------|------------------|-----------------|---------------|----------------|---------------|--|------|---------------|-------------|--|-----------|------|---------------------------|-------------------|----|--------|----|--|----|-----|----|--|---|-----|-----|---|----|-------|-----|--|----|-------|-----|---|----|-------|-------|--|----|-----|-----|------------------------------|----|-----|-----|------------------|----|-----|-----|--|----|-------|-----|--------------------------|----|-----|----|-------------------------|----|-----|-----|------------------|----|-----|-----|---|----|-----|--|--|----|-----|-----|----------------------------------|----|-------|-----|------------------------------------|----|-----|--|-----------------------------------|----|-----|--|---|----|-------|--|-----------------------------|----|---------------------|--|--|----|-----------------------------------|--|--|------------|---------------------------------|--|--|------------|
| Application No.  | 10/620,782           |   |            |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| Filing Date  | July 15, 2003        |   |            |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| First Inventor   | Dirk J. Sundt        |   |            |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| Group Art Unit   | 2811                 |   |            |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| Examiner Name  | Steven Loke          |   |            |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| Atty. Docket Number  | 501085.02            |   |            |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| <input type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27)   |                      |   |            |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| <b>METHOD OF PAYMENT (Check One)</b>   |                      | <b>FEE CALCULATION (Continued)</b>  |            |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fee required under 37 C.F.R. §§ 1.16 and 1.17 and 1.136(a)(3) and credit any over payments to Deposit Account No. <b>50-1266</b> ; Deposit Account Name: <b>DORSEY &amp; WHITNEY LLP</b> .<br><br><input type="checkbox"/> Check Enclosed.  |                      | <div style="text-align: center;"><b>3. ADDITIONAL FEES</b></div> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Large Entity Fee</th> <th style="width:10%;">Small Entity Fee</th> <th style="width:60%;">Fee Description</th> <th style="width:20%;">Fee paid</th> </tr> </thead> <tbody> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td>\$</td></tr> <tr><td>130</td><td>65</td><td>Surcharge - Late nonprovisional filing fee or oath</td><td>\$</td></tr> <tr><td>180</td><td>180</td><td>Submission of IDS</td><td>\$</td></tr> <tr><td>40</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>\$</td></tr> <tr><td>120</td><td>60</td><td>Extension for reply within first month</td><td>\$</td></tr> <tr><td>450</td><td>225</td><td>Extension for reply within second month</td><td>\$</td></tr> <tr><td>1,020</td><td>510</td><td>Extension for reply within third month</td><td>\$</td></tr> <tr><td>1,590</td><td>795</td><td>Extension for reply within fourth month</td><td>\$</td></tr> <tr><td>2,160</td><td>1,080</td><td>Extension for reply within fifth month</td><td>\$</td></tr> <tr><td>790</td><td>395</td><td>Submission After Final 1.129</td><td>\$</td></tr> <tr><td>500</td><td>250</td><td>Notice of Appeal</td><td>\$</td></tr> <tr><td>500</td><td>250</td><td>Filing a brief in support of an appeal</td><td>\$</td></tr> <tr><td>1,000</td><td>500</td><td>Request for oral hearing</td><td>\$</td></tr> <tr><td>130</td><td>65</td><td>Terminal Disclaimer Fee</td><td>\$</td></tr> <tr><td>800</td><td>400</td><td>Design Issue Fee</td><td>\$</td></tr> <tr><td>790</td><td>395</td><td>Request for Continued Examination (RCE)</td><td>\$</td></tr> <tr><td>130</td><td></td><td>Request for voluntary publication or republication</td><td>\$</td></tr> <tr><td>500</td><td>250</td><td>Petition to Revive - unavoidable</td><td>\$</td></tr> <tr><td>1,500</td><td>750</td><td>Petition to Revive - unintentional</td><td>\$</td></tr> <tr><td>200</td><td></td><td>Filing for patent term adjustment</td><td>\$</td></tr> <tr><td>400</td><td></td><td>Request for reinstatement of term reduced</td><td>\$</td></tr> <tr><td>1,120</td><td></td><td>Extension of term of patent</td><td>\$</td></tr> <tr><td colspan="3">OTHER FEE (specify)</td><td>\$</td></tr> <tr><td colspan="3" style="text-align: right;"><b>Subtotal (Additional Fees)</b></td><td><b>\$0</b></td></tr> <tr><td colspan="3" style="text-align: right;"><b>Total Amount of Payment:</b></td><td><b>\$0</b></td></tr> </tbody> </table> |            | Large Entity Fee | Small Entity Fee | Fee Description | Fee paid      | 50             | 25            | Surcharge - late provisional filing fee or cover sheet | \$   | 130           | 65          | Surcharge - Late nonprovisional filing fee or oath | \$        | 180  | 180                       | Submission of IDS | \$ | 40     | 40 | Recording each patent assignment per property (times number of properties) | \$ | 120 | 60 | Extension for reply within first month | \$  | 450 | 225 | Extension for reply within second month | \$ | 1,020 | 510 | Extension for reply within third month | \$ | 1,590 | 795 | Extension for reply within fourth month | \$ | 2,160 | 1,080 | Extension for reply within fifth month | \$ | 790 | 395 | Submission After Final 1.129 | \$ | 500 | 250 | Notice of Appeal | \$ | 500 | 250 | Filing a brief in support of an appeal | \$ | 1,000 | 500 | Request for oral hearing | \$ | 130 | 65 | Terminal Disclaimer Fee | \$ | 800 | 400 | Design Issue Fee | \$ | 790 | 395 | Request for Continued Examination (RCE) | \$ | 130 |  | Request for voluntary publication or republication | \$ | 500 | 250 | Petition to Revive - unavoidable | \$ | 1,500 | 750 | Petition to Revive - unintentional | \$ | 200 |  | Filing for patent term adjustment | \$ | 400 |  | Request for reinstatement of term reduced | \$ | 1,120 |  | Extension of term of patent | \$ | OTHER FEE (specify) |  |  | \$ | <b>Subtotal (Additional Fees)</b> |  |  | <b>\$0</b> | <b>Total Amount of Payment:</b> |  |  | <b>\$0</b> |
| Large Entity Fee   | Small Entity Fee     | Fee Description   | Fee paid   |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| 50   | 25                   | Surcharge - late provisional filing fee or cover sheet  | \$         |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| 130  | 65                   | Surcharge - Late nonprovisional filing fee or oath  | \$         |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| 180  | 180                  | Submission of IDS   | \$         |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| 40   | 40                   | Recording each patent assignment per property (times number of properties)  | \$         |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| 120  | 60                   | Extension for reply within first month  | \$         |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| 450  | 225                  | Extension for reply within second month   | \$         |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| 1,020  | 510                  | Extension for reply within third month  | \$         |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| 1,590  | 795                  | Extension for reply within fourth month   | \$         |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| 2,160  | 1,080                | Extension for reply within fifth month  | \$         |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| 790  | 395                  | Submission After Final 1.129  | \$         |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| 500  | 250                  | Notice of Appeal  | \$         |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| 500  | 250                  | Filing a brief in support of an appeal  | \$         |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| 1,000  | 500                  | Request for oral hearing  | \$         |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| 130  | 65                   | Terminal Disclaimer Fee   | \$         |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| 800  | 400                  | Design Issue Fee  | \$         |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| 790  | 395                  | Request for Continued Examination (RCE)   | \$         |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| 130  |                      | Request for voluntary publication or republication  | \$         |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| 500  | 250                  | Petition to Revive - unavoidable  | \$         |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| 1,500  | 750                  | Petition to Revive - unintentional  | \$         |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| 200  |                      | Filing for patent term adjustment   | \$         |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| 400  |                      | Request for reinstatement of term reduced   | \$         |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| 1,120  |                      | Extension of term of patent   | \$         |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| OTHER FEE (specify)  |                      |   | \$         |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| <b>Subtotal (Additional Fees)</b>  |                      |   | <b>\$0</b> |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| <b>Total Amount of Payment:</b>  |                      |   | <b>\$0</b> |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| <div style="text-align: center;"><b>Extra Claim Fees</b></div> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Current Claims</th> <th>Prior</th> <th>Extra</th> <th>Fee</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total 10</td> <td>- 20</td> <td>= 0</td> <td>x \$ =</td> <td>\$ 0</td> </tr> <tr> <td>Ind. 3</td> <td>- 4</td> <td>= 0</td> <td>x \$ =</td> <td>\$ 0</td> </tr> <tr> <td colspan="3">Multiple Dependent Claims</td> <td>x \$ =</td> <td>\$</td> </tr> <tr> <td colspan="3" style="text-align: right;"><b>Subtotal (Extra Claims)</b></td> <td></td> <td><b>\$0</b></td> </tr> </tbody> </table> |                      | Current Claims  | Prior      | Extra            | Fee              | Fee Paid        | Total 10      | - 20           | = 0           | x \$ =   | \$ 0 | Ind. 3        | - 4         | = 0  | x \$ =    | \$ 0 | Multiple Dependent Claims |                   |    | x \$ = | \$ | <b>Subtotal (Extra Claims)</b>   |    |     |    | <b>\$0</b>                             | <div style="text-align: center;"><b>Petition Fee Under 37 CFR 1.17(f), (g), &amp; (h)</b></div> <p>Enclosed is a Petition filed under 37 CFR as indicated below:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> Petition Fee under 37 CFR 1.17(f) <span style="float: right;"><b>Fee \$400</b></span><br/>           § 1.53(e) to accord a filing date.<br/>           § 1.57(a) to accord a filing date.<br/>           § 1.182 for decision on a question not provided for.<br/>           § 1.183 to suspend the rules.<br/>           § 1.378(e) for reconsideration of decision on petition refusing delayed payment of maintenance fee in expired patent.<br/>           § 1.174(b) to accord a filing date to an application under §1.740 for extension of patent term.         </div> <div style="width: 15%; text-align: right;"> <input type="checkbox"/> Petition Fee under 37 CFR 1.17(g) <span style="float: right;"><b>Fee \$200</b></span><br/>           § 1.12 for access to an assignment record.<br/>           § 1.14 for access to an application.<br/>           § 1.47 for filing by other than all inventors or person not the inventor.<br/>           § 1.59 for expungement of information.<br/>           § 1.103(a) to suspend action in an application.<br/>           § 1.136(b) for review of a request for ext. of time when §1.136(a) not avail.<br/>           § 1.295 for review of refusal to publish a statutory invention registration.<br/>           § 1.296 to withdraw a req. for pub. after notice of intent to publish issued.<br/>           § 1.377 for review of decision refusing to accept a maintenance fee filed prior to expiration of a patent.<br/>           § 1.550(c) for request for ext. of time in <i>ex parte</i> reexam. proceedings.<br/>           § 1.956 for request for ext. of time in <i>ex parte</i> reexam. proceedings.<br/>           § 5.12 for expedited handling of foreign filing license.<br/>           § 5.15 for changing the scope of a license.<br/>           § 1.5.25 for retroactive license.         </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> Petition Fee under 37 CFR 1.17(h) <span style="float: right;"><b>Fee \$130</b></span><br/>           § 1.19(g) to request documents in a form other than provided in this part.<br/>           § 1.84 for accepting color drawings or photographs.<br/>           § 1.91 for entry of a model or exhibit.<br/>           § 1.102(d) to make an application special.<br/>           § 1.138(c) to expressly abandon an application to avoid publication.<br/>           § 1.313 to withdraw an application from issue.<br/>           § 1.314 to defer issuance of a patent.         </div> </div> |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| Current Claims   | Prior                | Extra   | Fee        | Fee Paid         |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| Total 10   | - 20                 | = 0   | x \$ =     | \$ 0             |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| Ind. 3   | - 4                  | = 0   | x \$ =     | \$ 0             |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| Multiple Dependent Claims  |                      |   | x \$ =     | \$               |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| <b>Subtotal (Extra Claims)</b>   |                      |   |            | <b>\$0</b>       |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| Submitted by:  |                      |   |            |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| CUSTOMER NUMBER<br><b>27,076</b>   | DORSEY & WHITNEY LLP | 1420 Fifth Avenue, Suite 3400<br>Seattle, WA 98101-4010<br>(206) 903-8800 phone / (206) 903-8820 fax  |            |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| Name: Kimton N. Eng  |                      | Reg. No.: 43,605  |            |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |
| Signature:    |                      | Date: <b>2/28/2006</b>  |            |                  |                  |                 |               |                |               |  |      |               |             |  |           |      |                           |                   |    |        |    |  |    |     |    |  |   |     |     |   |    |       |     |  |    |       |     |   |    |       |       |  |    |     |     |                              |    |     |     |                  |    |     |     |  |    |       |     |                          |    |     |    |                         |    |     |     |                  |    |     |     |   |    |     |  |  |    |     |     |                                  |    |       |     |                                    |    |     |  |                                   |    |     |  |   |    |       |  |                             |    |                     |  |  |    |                                   |  |  |            |                                 |  |  |            |